



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2021
Corporation _____

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

STAMP
 FEB 24 2021
 B - *Accepted*

1. Entity ID Number 876736	2. Exact name of the Corporation Ashton Village Development Corp.
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3. Principal Office Address 1029 Mendon Rd.	City Cumberland	State RI	Zip 02864
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4. NAICS Code 531390	6. Brief description of the character of business conducted in Rhode Island To act as a general partner of a limited partner which develops affordable housing.
5. State of Incorporation RI	

7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>	
President Name Edward Mulholland	Vice-President Name Earl Wood
Street Address 1029 Mendon Rd.	Street Address 1029 Mendon Road
City Cumberland State RI Zip 02864	City Cumberland State RI Zip 02864
Secretary Name Peter Bouchard	Treasurer Name Dan Ouellette
Street Address 1029 Mendon Road	Street Address 1029 Mendon Road
City Cumberland State RI Zip 02864	City Cumberland State RI Zip 02864

8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>	
Director Name	Director Name
Street Address	Street Address
City State Zip	City State Zip
Director Name	Director Name
Street Address	Street Address
City State Zip	City State Zip

9. Shares Authorized	10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>									
This information is currently of record in the Department of State.	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 40%;">NUMBER OF SHARES</th> <th style="width: 30%;">CLASS/SERIES</th> <th style="width: 30%;">PAR VALUE</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">100</td> <td></td> <td style="text-align: center;">0</td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	100		0			
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100		0								
Changes require an additional filing.										

11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Name of Authorized Representative <i>Peter Bouchard</i>	Date <i>2/19/21</i>
Signature of Authorized Representative <i>Peter Bouchard</i>	